


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000003886</b>		
1. Entity Name HIGHLAND MISSIONARY BAPTIST CHURCH OF GAINESVILLE INC.		
Principal Place of Business 2620 NE 15TH STREET GAINESVILLE, FL 32609 US	Mailing Address P O BOX 140272 GAINESVILLE, FL 32614	



04292004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3195036	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  STRICKLIN, DAVID E. 2620 NORTHEAST 15TH STREET GAINESVILLE, FL 32614
---

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000145602  
05/03/04-80032-023 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR HENLEY, RONNIE 9001 S.W. 124TH ST ARCHER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STTR STRICKLIN, DAVID P.O. BOX 726 N/A MICANOPY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DEEN, JOHN 9316 S.W. 14TH AVE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **DAVID STRICKLIN**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/04 904-964-4851

Date

Daytime Phone #